

1040

Department of the Treasury—Internal Revenue Service  
U.S. Individual Income Tax Return

1990

(7)

Label  
(See  
Instructions  
on page 8.)Use IRS label.  
Otherwise,  
please print  
or type.

For the year Jan. 1-Dec. 31, 1990, or other tax year beginning

1990 ending

19

OMB No. 1345-0074

Your first name and initial

Last name

Alexandru Bittner

If a joint return, spouse's first name and initial

Last name

Sherry Bittner

Home address (number and street). (If you have a P.O. box, see page 9.)

Apt. no.

City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.)

Your social security number

0102

Spouse's social security number

For Privacy Act and  
Paperwork Reduction  
Act Notice; see  
Instructions.Presidential  
Election Campaign  
(See page 9.)

Do you want \$1 to go to this fund?

Yes

X

No

Note: Checking "Yes" will  
not change your tax or  
reduce your refund.

If joint return, does your spouse want \$1 to go to this fund?

Yes

X

No

Filing Status

1

X

Single. (See page 10 to find out if you can file as head of household.)

Married filing joint return (even if only one had income)

Married filing separate return. Enter spouse's social security no., state and ZIP code here. ►

Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your dependent, enter this child's name here. ►

Qualifying widow(er) with dependent child (your spouse died ► 19). (See page 10.)

Check only  
one box.

3

4

5

No. of boxes  
checked on 6a  
and 6b

2

No. of your  
children on 6c  
who:a. Head with you  
b. didn't live with  
you due to  
divorce or  
separation (see  
page 11) ►No. of other  
dependents on 6cAdd numbers  
entered on  
lines above ►

2

Exemptions

(See  
Instructions  
on page  
10.)

6a

b

c

Dependents:

(1) Name (first, initial, and last name)

(2) Check  
if under  
age 2

(3)

if age 2 or older, dependent's  
social security number(4) Dependent's  
relationship to you

(5)

No. of months  
lived in your home  
in 1990If more than 6  
dependents, see  
Instructions on  
page 11.

d. If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ►

□

e. Total number of exemptions claimed . . . . .

Income

Attach  
Copy B of your  
Forms W-2, W-2G,  
and W-2P hereIf you do not  
have a W-2, see  
page 8.Attach check or  
money order on  
top of any Forms  
W-2, W-2G, or  
W-2P.

7 Wages, salaries, tips, etc. (attach Form(s) W-2)

7

8a Taxable interest income (also attach Schedule B if over \$400)

8a

b Tax-exempt interest income (see page 13). DON'T include on line 8a. 8b

8b

9 Dividend income (also attach Schedule B if over \$400)

9

47,000

10 Taxable refunds of state and local income taxes, if any, from worksheet on page 14

10

11 Alimony received

11

12 Business income or (loss) (attach Schedule C)

12

13 Capital gain or (loss) (attach Schedule D)

13

14 Capital gain distributions not reported on line 13 (see page 14)

14

15 Other gains or (losses) (attach Form 4797)

15

16a Total IRA distributions

16a

16b Taxable amount (see page 14)

16b

17a Total pensions and annuities

17a

17b Taxable amount (see page 14)

17b

18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)

18

19 Farm income or (loss) (attach Schedule F)

19

20 Unemployment compensation (insurance) (see page 16)

20

21a Social security benefits

21a

21b Taxable amount (see page 16)

21b

22 Other income (list type and amount—see page 16) Excl. Income Statement 1

22

(47,000)

23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ►

23

0

Adjustments  
to Income(See  
Instructions  
on page 17.)

24a Your IRA deduction, from applicable worksheet on page 17 or 18

24a

b Spouse's IRA deduction, from applicable worksheet on page 17 or 18

24b

25 One-half of self-employment tax (see page 18)

25

26 Self-employed health insurance deduction, from worksheet on page 18

26

27 Keogh retirement plan and self-employed SEP deduction

27

28 Penalty on early withdrawal of savings

28

29 Alimony paid. Recipient's SSN ►

29

30 Add lines 24a through 29. These are your total adjustments ►

30

Adjusted  
Gross Income

31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 ►

31

0

GOVERNMENT

EXHIBIT

19-cv-0415

No. 80

DOJ 003593

Form 1040 (1990)			Page 2	
Tax Computation  <small>If you want IRS to figure your tax, see Instructions on page 19.</small>	32	Amount from line 31 (adjusted gross income)	32	0
	33a	Check if <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a	
	b	If your parent (or someone else) can claim you as a dependent, check here	33b	<input type="checkbox"/>
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here	33c	<input type="checkbox"/>
	34	Enter the larger of: a Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR b Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here.	34	5,450
	35	Subtract line 34 from line 32	35	(5,450)
	36	Multiply \$2,050 by the total number of exemptions claimed on line 6e	36	4,100
	37	Taxable Income. Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	0
	38	Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8615 (see page 21). (If any is from Form(s) 8814, enter that amount here. ► d _____.)	38	0
	39	Additional taxes (see page 21). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	
40	Add lines 38 and 39	40	0	
Credits  <small>(See Instructions on page 21.)</small>	41	Credit for child and dependent care expenses (attach Form 2441)	41	
	42	Credit for the elderly or the disabled (attach Schedule R)	42	
	43	Foreign tax credit (attach Form 1116)	43	
	44	General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify) _____	44	
	45	Credit for prior year minimum tax (attach Form 8801)	45	
	46	Add lines 41 through 45	46	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.)	47	0
	48	Self-employment tax (attach Schedule SE)	48	
	49	Alternative minimum tax (attach Form 6251)	49	
	50	Recapture taxes (see page 22). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611	50	
51	Social security tax on tip income not reported to employer (attach Form 4137)	51		
52	Tax on an IRA or a qualified retirement plan (attach Form 5329)	52		
53	Advance earned income credit payments from Form W-2	53		
54	Add lines 47 through 53. This is your total tax	54	0	
Other Taxes	55	Federal income tax withheld (if any is from Form(s) 1099, check ► <input type="checkbox"/> )	55	
	56	1990 estimated tax payments and amount applied from 1989 return	56	
	57	Earned income credit (see page 23)	57	
	58	Amount paid with Form 4B68 (extension request)	58	
	59	Excess social security tax and RRTA tax withheld (see page 24)	59	
	60	Credit for Federal tax on fuels (attach Form 4136)	60	
	61	Regulated investment company credit (attach Form 2439)	61	
	62	Add lines 55 through 61. These are your total payments	62	0
	63	If line 62 is more than line 54, enter amount OVERPAID	63	
	64	Amount of line 63 to be REFUNDED TO YOU	64	
65	Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX ► 65	65		
66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service. Write your name, address, social security number, daytime phone number, and 1990 Form 1040" on it	66	0	
67	Estimated tax penalty (see page 25)	67		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) if based on all information of which preparer has any knowledge			
Keep a copy of this return for your records.	Your signature	Date	Your occupation	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed) and address	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no. E & No. ZIP code
	Beckley CPA PC 3222 W Spring Creek Pkwy #215 Dallas, TX			75023

SCHEDULES A&B  
(Form 1040)Department of the Treasury  
Internal Revenue Service (D)

Name(s) shown on Form 1040

## Schedule A—Itemized Deductions

(Schedule B is on back)

OMB No. 1545-0074

1990

Attachment

Sequence No. 07

Year social security number

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

Medical and Dental Expenses  (See Instructions on page 27.)	Caution: Do not include expenses reimbursed or paid by others.		1	2	3	4	5	6	7	8	9a	9b	10	11	12a	12b	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27																										
	1	Medical and dental expenses. (See page 27 of the Instructions.)																														2	Multiply the amount on line 2 by 7.5% (.075). Enter the result.	3	Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-	4	Add the amounts on lines 5 through 7. Enter the total.	5	State and local income taxes	6	Real estate taxes	7	Other taxes. (List—include personal property taxes.) ►	8	Add the amounts on lines 5 through 7. Enter the total.	9a	Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10.	9b	Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ►	10	Deductible points. (See Instructions for special rules.)	11	Deductible investment interest (attach Form 4952 if required). (See page 28.)	12a	Personal interest you paid. (See page 28.)	12b	Multiply the amount on line 12a by 10% (.10). Enter the result.

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1990

Schedule A&B (Form 1040) 1990 OMB No. 1545-0074 Page 2

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)	Your social security number
Alexandru Bittner	0102

**Schedule B—Interest and Dividend Income**

Attachment  
Sequence No. 08

**For Paperwork Reduction Act Notice, see Form 1040 Instructions.**

**Schedule B (Form 1040) 1990**

U.S. Government Catalog Page 1992 - 761-762